

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-000642

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 52

STATE FILE NUMBER

FILED JAN 29 1963

1. PLACE OF DEATH

a. COUNTY Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Cape Girardeau

Length of stay in 1b
15 Mags

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Miller Nursing Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cape

c. CITY OR TOWN Cape Girardeau

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
250 A S Benton

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last
Hattie Stevens

4. DATE OF DEATH
Month Day Year
Jan 21 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
Oct 24 1887

9. AGE (last birthday)
75

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
None

11. BIRTHPLACE (City and state or country)
Cape Girardeau Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A

13a. FATHER'S NAME

Robert Smith

13b. MOTHER'S MAIDEN NAME

Gertrude Sangwin

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no no

16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:

17. INFORMANT
Gerald Langston Cape Gir Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ARTERIO-SCLEROTIC HEART DISEASE
DUE TO (b) GENERALIZED ARTERIO-SCLEROSIS
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH
Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-23-62 to 1-21-63 and last saw him alive on 1-21-63
Death occurred at 10:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title)
Dorothy Blaudenshaw R.D.

22b. ADDRESS
CAPE GIRARDEAU, MO.

22c. DATE SIGNED
1-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
1-23-1963

23c. NAME OF CEMETERY OR CREMATORY
Lorimier

23d. LOCATION (City, town, or county) (State)
Cape Girardeau Mo.

24. FUNERAL DIRECTOR
Brinkopf Howell Cape Gir Mo.

25. DATE RECD. BY LOCAL REG.
1-24-1963

26. REGISTRAR'S SIGNATURE
Orren Kasten

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

MAR 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul H. Levenshield

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.